





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **STATEMENT OF CONVERSION**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$30.00 - Make checks payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003905734

Date Filed: 6/10/2020 9:53:10 AM

| Statement of Conversion Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Sta | andard (filing fee \$30) | | |
|--|--------------------------------|------------------------|---|--|--|
| Converting Entity: | | | | | |
| Entity Name: | | We | e Care A Safe Place to Heal, LLC | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | tary 00 | 00598127 | | |
| Jurisdiction: | | ID. | IDAHO | | |
| Current Entity Type: | | Lir | Limited Liability Company (D) | | |
| Entity Subtype | | Lir | Limited Liability Company | | |
| This is a domestic entity, and this plan of conversion was approved in accordance with Idaho Code 30-22-403. | | | | | |
| I understand that if I convert this record in error, I am responsible to file another Statement of Conversion to set the record back to the correct entity type. | | | | | |
| New Entity Type: Select the entity type of the converted entity: | | | eneral Business Corporation | | |
| Entity Subtype: Corporation Subtype | | | | | |
| Corporation Name Corporation Name | | | We Care Wellness Center, Inc. | | |
| Business Type: If this corporation is a Benefit C Trust, select here: | Corporation, Insurance Company | y or | | | |
| Shares: The number of shares the corporation is authorized to issue: | | | 0,000 | | |
| Effective Date of Conversion: | | | | | |
| The conversion shall be effective | | | when filed with the Secretary of State. | | |
| The registered agent on record is: Registered Agent | | Ch | nristopher Bowman | | |
| | | | Registered Agent | | |
| | | | ysical Address | | |
| | | | 84 E BOBWHITE LN OST FALLS, ID 83854 | | |
| | | | illing Address | | |
| | | 14 | 1484 E BOBWHITE LN POST FALLS, ID 83854-4949 | | |
| Incorporator Name(s) and Address(es): | | | | | |
| Name | | | Incorporator Address | | |
| Christopher D Bowman | | | 1484 E BOBWHITE LN POST FALLS, ID 83854 | | |
| Director Name(s) and Address(es): | | | | | |
| Name | Title | Title Director Address | | | |
| | | | | | |



| None Entered | | | | | |
|--|---|------------|--|--|--|
| Mailing Address of Entity: Mailing Address: | BEAU BOWMAN 827 W PRAIRIE AVE HAYDEN, ID 83835-8459 | | | | |
| The Statement of Conversion must be signed by the converting entity: Christopher Bowman | | 06/10/2020 | | | |
| Sign Here | | Date | | | |
| Job Title: | Manager | | | | |